

Unannounced Care Inspection Report 1 August 2018



Laurelhill House

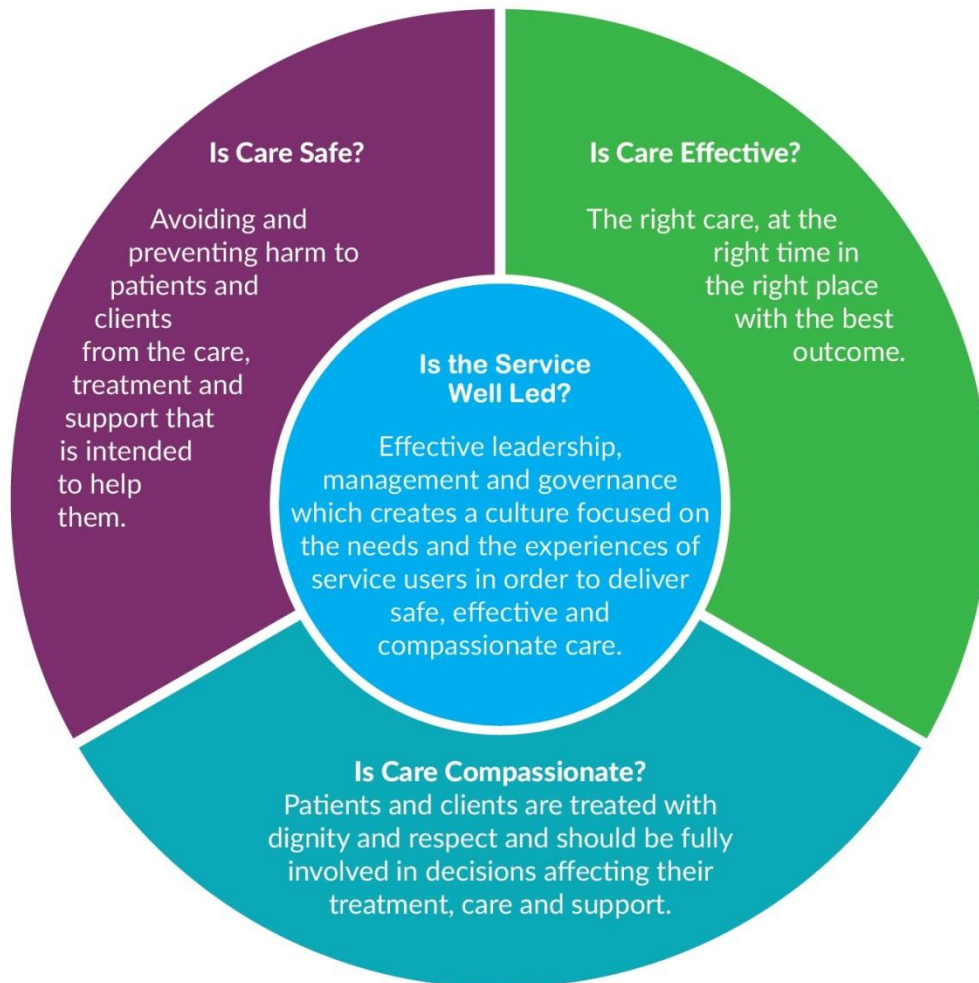
Type of Service: Residential Care Home
Address: 1a Ballymacash Park, Lisburn, BT28 3EX
Tel No: 028 9260 2116
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with thirty beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Sue Curry
Person in charge at the time of inspection: Sue Curry	Date manager registered: Registration pending
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 30

4.0 Inspection summary

An unannounced care inspection took place on 1 August 2018 from 09.45 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, the home's environment, care records, communication, listening to and valuing residents and maintaining good working relationships.

Two areas requiring improvement were identified. These related to the staff duty rota and to the regular completion of Legionella risk assessments.

Residents said that they liked living in the home and that staff treated them very well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Sue Curry, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, ten residents, four care staff, two visiting professionals and two residents' representatives.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Five residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Equipment maintenance records
- Minutes of recent residents' meetings and representatives' meetings
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 March 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 1 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and staff and inspection of the staff duty rota confirmed that at all times suitably qualified, competent and experienced persons were working at the home in such numbers as were appropriate for the health and welfare of residents.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.6 Stated: Second time	The registered provider should ensure that the training matrix is updated to include all areas of mandatory training, namely COSHH and first aid.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of training records confirmed that the training matrix was updated to include all areas of mandatory training, namely COSHH and first aid.	

Area for improvement 2 Ref: Standard 27.8 Stated: Second time	<p>The registered provider should ensure that arrangements are put in place for the ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager, inspection of the designated smoking room and the cleaning schedule confirmed that arrangements were put in place for the ashtrays to be emptied and cleaned at safe and regular intervals.</p>	Met
Area for improvement 3 Ref: Standard 6.6 Stated: Second time	<p>The registered provider should ensure that the care plan for one identified resident is reviewed, signed and dated.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the care plan for the identified confirmed that this was reviewed, signed and dated.</p>	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • manual handling risk assessments are kept up to date • a system of managerial oversight is introduced for the records of the annual care reviews for residents • risk assessments are completed and detailed care plans are developed for those residents who choose to smoke • records of activities for residents are accurately recorded <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of care documentation confirmed that all these areas were satisfactorily addressed.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager described how more staff had been, and continued to be, recruited and how staff sickness and absences was closely managed. This had resulted in agency staff being used only occasionally in the home; any agency staff were from the same agency and were familiar with Laurelhill House. This enabled residents to receive continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the trust.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff, all of whom commented positively on the improved staffing levels in the home and how this allowed the needs of residents to be better met.

A review of the duty rota confirmed that it accurately reflected the staff working within the home. It was noted, however, that the rotas for care assistants and for senior care staff were confusing. Abbreviations were used denoting training, late or early shifts and no explanatory note was provided; times were recorded using a mixture of 12 hour clock; the names and working shifts of some staff were hand written at the bottom of the rota and could not be easily reconciled against the hours worked; the working hours of the manager were not noted. Action was required to ensure compliance with the standards in relation to the staff duty rota.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. The manager advised that the assessments had recently been reviewed and would be reviewed annually as good practice. This area will be examined during the next care inspection.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The manager advised that registration with the Northern Ireland Social Care Council (NISCC) was a permanent agenda item in staff supervisions.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of locked internal doors with keypad entry systems, night checks and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide. Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken by the trust and action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection since the last care inspection. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Referrals were made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The premises and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The home was in the process of being refurbished in separate phases. Five residents' bedrooms had built-in storage with a vanity unit and new flooring already supplied. The bedrooms had been repainted and soft furnishings were to be supplied in the near future. The remainder of the work was to take several months to complete and the occupancy of the home had been reduced in order that residents could move to other rooms with minimal disruption to their routines. The use of several other areas had already been changed, or there were plans in place, to allow for more staff or for better storage of equipment. This had not reduced the area available to residents and did not impact on the minimum care standards. The estates inspector was advised of this after the inspection and agreed to liaise with the manager in regard to any actions required to ensure compliance with the standards in relation to the premises.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, smoking etc.

The manager confirmed after the inspection that the last Legionella risk assessment was completed on 30 June 2015 and the Trust was in the process of arranging dates for all outstanding assessments to be completed. As this assessment should have been completed in June 2017, it was already over one year out of date. Action was required to ensure compliance with the regulations in respect of the regular completion of Legionella risk assessments.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The trust operated a system to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The manager advised after the inspection that all hoists and slings in use in the home were regularly serviced and maintained with appropriate records retained.

The manager confirmed after the inspection that the home had an up to date fire risk assessment in place dated 6 June 2018; the Trust's estates department were aware of all recommendations made and these were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly, fire-fighting equipment and means of escape were checked weekly; emergency lighting was checked monthly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

Residents spoken with during the inspection made the following comments:

- “There is always staff around, day and night, and they come to you immediately if you need help.”

Staff spoken with during the inspection made the following comments:

- “The staffing levels here have really improved and are getting even better. We get good support through our supervisions and appraisals and the senior staff team is good. All of our mandatory training is up to date and we can now also do extra training on-line on the new computer in the staff room so now we have two computers that we can access. We can even find the time to do this training, as the staffing is better, and better staffing also allows us to spend more time with the residents doing activities.”
- “I started working here recently and found that I got a good induction to working in the home and a separate corporate induction by the trust. All of my training has either been completed or there are dates arranged for me to get the training.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the staff duty rota and to the regular completion of Legionella risk assessments.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager confirmed that staff were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to address any areas of concern identified in a timely manner and wound care was managed by community nursing services.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. A range of audits was examined during previous care inspections and audits were not examined on this occasion. Evidence of effective audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection report was on display and other information was available on request for residents, their representatives any other interested parties to read.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

A resident spoken with during the inspection made the following comments:

- “If I was to get up in the middle of the night and wanted a cup of tea or some toast or biscuits, I would get it. I feel safe knowing that there is always staff around. Sometimes I get up early and have a good bit of chat with the staff.”

Staff spoken with during the inspection made the following comments:

- “Better staffing also means that we can meet the needs of the residents better. I think the quality of care here is very good and there are lots of staff who have been here for years, and that says a lot about the care in this home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager, residents and staff advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, anxiety or distress where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus were clearly written and the activity programme was in a clear, pictorial format.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and visits by the registered provider. The manager advised that a new suggestion box was being provided in the home to gather comments and suggestions from representatives.

The manager advised that residents were consulted with about the quality of care and environment. The findings from the annual consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. This will be examined during the next care inspection.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities; arrangements were also in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “This is a great place. I don’t have to do food shopping, cooking, cleaning or anything else! I love it here. The girls (staff) are so pleasant.”
- “I’m very happy here. Anything I need, I only have to ask. We have lots to do and we are busy getting ready for the summer fair.”
- “I get lots of visitors and I can go out with my family whenever I want to. I like it here. They (staff) keep it spotless and there’s always plenty going on.”
- “I’m getting on well here.”
- “The staff are lovely. They are kind and helpful. I have lots to do during the day if I want to, but sometimes I don’t feel like doing too much, and that’s all right too. I like the food and the place is very comfortable.”

Residents’ representatives spoken with during the inspection made the following comments:

- “I think things are looking up. The new manger seems to be making good progress.”
- “I am very happy with my (relative’s) care. She is content here and the staff are excellent. It has taken them a wee while to get to know (my relative) as she isn’t all that easy to get to know, but they have ‘got the measure’ of her now. And the staff keep me very well informed of anything that might happen. I can rest easy in my bed now, knowing that she is getting very good care. If I had any complaints, I would feel confident in going to any of the staff and that they would deal with it correctly. I have met the new manager a few times and I feel she is very approachable, just like the previous manager.”

Visiting professionals spoken with during the inspection made the following comments:

- “I am very impressed by the staff, how they know the residents very well and how they are able to support them.”
- “I have no concerns about Laurelhill House.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

The manager advised that no complaints had been received since the last care inspection. Complaints records were reviewed during the last care inspection and were found to be satisfactory. This area will be examined during the next care inspection. The home retained compliments received, e.g. thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents and incidents was completed during the last care inspection and they were not reviewed on this occasion. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. All of the four senior care assistants had completed or were in the process of completing a Dementia Care qualification and two senior care assistants were completing a qualification to enable them to be assessors for the Qualification and Credits Framework (QCF). All four senior care assistants had also completed the level 3 qualification in Leadership and Management. Care staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, the use of thickening agents in fluids and the application of creams.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home through the trust's line management system and that communication with senior management was by telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

A member of staff spoken with during the inspection made the following comments:

- "The new manager has introduced new life into the home. She is energetic and very able. She has already made good changes and is always approachable and supportive."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sue Curry, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14. – (2) (c) Stated: First time To be completed by: 26 September 2018	<p>The registered person shall ensure the following arrangements are put in place:</p> <ul style="list-style-type: none"> • a Legionella Risk Assessment is completed for the home • such Legionella Risk Assessments are completed regularly <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken: SE HSC Trust Estates Department contacted on 20/08/2018. Advised that a contract review meeting with the contractor that carries out legionella risk assessments is planned on 05/09/2018. Risk assessment reviews will be on the agenda. Dates of risk assessments will be confirmed and circulated following this meeting.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: 26 September 2018	<p>The registered person shall ensure that the staff duty rota is amended to include the following:</p> <ul style="list-style-type: none"> • footnotes to explain any abbreviations used • staff shifts noted using 24 hour clock • a full list of staff • the working hours of the manager <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken: This action was implemented on 06/08/2018.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews